

RESTITUTION STATEMENT

STATE OF ARIZONA v. _____ CA NO.: _____

I, _____, state the following: I was the
Please Print Your Name

victim of _____ on _____
(Type of crime, burglary for example) (Date the Crime Occurred)

and because of this crime, I have suffered the following losses:

A. **UNRECOVERED PROPERTY/CASH**
(Do not include property taken into evidence)

1. ITEM: _____	\$ _____
2. ITEM: _____	\$ _____
3. ITEM: _____	\$ _____
4. ITEM: _____	\$ _____

TOTAL \$ _____

Please attach **COPIES** of all receipts or repair estimates for the following:

B. **DAMAGED PROPERTY**

	<u>Recovered</u>	<u>Repaired</u>	<u>Cost if repaired/replaced</u>
1. ITEM: _____	()	()	\$ _____
2. ITEM: _____	()	()	\$ _____
3. ITEM: _____	()	()	\$ _____
4. ITEM: _____	()	()	\$ _____

TOTAL \$ _____

C. **MEDICAL EXPENSES**

1. TREATMENT: _____	\$ _____
2. TREATMENT: _____	\$ _____
3. TREATMENT: _____	\$ _____
4. TREATMENT: _____	\$ _____

TOTAL \$ _____

D. **OTHER EXPENSES:**

1. _____ \$ _____
2. _____ \$ _____
3. _____ \$ _____
4. _____ \$ _____
TOTAL \$ _____

E. TOTAL FINANCIAL LOSS. \$ _____

You may be eligible for assistance with funeral, medical, counseling and wage loss expenses.

Have you applied for assistance through the Victim Compensation Program? ☐ Yes ☐ No

I ☐ do ☐ don't have insurance.

My Insurance Company's Name and Address: _____

My Insurance Company has paid me \$ _____

I have a deductible of \$ _____

My Agent's Name and Telephone Number _____

Note: If there has been any change in your address or phone number, please complete this portion *even* if you choose not to request restitution in this case.

Mailing Address: _____ Apt.: _____

Home Address (if different): _____ Apt.: _____

City: _____ State: _____ Zip Code: _____

Telephone: (Home) _____ (Message) _____ (Work) _____

Your Signature: _____ **Date:** _____

When Completed Return To: The Yuma County Attorney's Office, Victim Services Division, 250 W. Second Street, Ste. G, Yuma, AZ 85364